



Attorney's Docket No. 032751-027

#11
Priority Doc.
Patent
9/29/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) BOX AF
Jean-Marc BALLOUL et al.) Group Art Unit: 1648
Application No.: 09/506,942) Examiner: S. Foley
Filed: February 18, 2000)
For: PHARMACEUTICAL COMPOSITION)
FOR TREATING PAPILLOMAVIRUS)
TUMORS AND INFECTION)

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AMENDMENT AND REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed is an English translation of French Patent Application No. 96/09,584 and Exhibit A (attached to Amendment and Reply).
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$355.00 (279) ☐ \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	48	MINUS 27 =	21	× \$18.00 (103) =	\$378.00
Independent Claims	3	MINUS 3 =	0	× \$80.00 (102) =	-0-
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					\$378.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$378.00

☒ A claim fee in the amount of \$378.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: _____

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Date: September 24, 2001